College of Engineering and Computer Science
COURSE OVERRIDE FORM (ONE PER CLASS)

Last Name

First Name

Instructions: Complete this form to request registration into a course for which you cannot currently register.
THIS FORM CAN BE USED FOR OVERRIDES FOR ANY ENGINEERING & COMPUTER SCIENCE COURSE.

STUDENT NAME_____ PID_____

DAYTIME PHONE NUMBER (_____)_____ E-MAIL _____

REGISTRATION TERM/YEAR: Fall_____ Spring_____ Summer_____ Year _____

COURSE: _____ _____ _____ _____ CECE
Class Number | Prefix (3 letters) | Course Number | Credits/Hours | Department

LAB: _____ _____ _____
Class Number | Prefix (3 letters) | Course Number

Reason requesting override: _____

I authorize CECS staff to register me for the listed course if approved by CECS. I accept responsibility for payment of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a $100 Late Payment Fee, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

_____
Student Signature Date

Department must initial all that apply:

_____ **Career**: Undergraduate student registering in a Graduate Level course or Graduate student registering in an Undergraduate Level course

_____ **Class Limit:** Overrides the Enrollment Capacity of a class **CLASS Nbr REQUIRED**:_____

_____ **Permission:** Overrides consent or permission (Instructor, Department)

_____ **Requisites:** Overrides requisites and co-requisites set up for a class
_____ taken at _____
Other Notes: _____

_____ **Time Conflict:** Overrides scheduling time conflicts
Course #1: _____ Approved: __Y __N Instructor Signature_____
Course #2: _____ Approved: __Y __N Instructor Signature_____

_____ **Unit Load:** Overrides the 17 maximum hour limit for term load

I have reviewed the above request and approve this override.

_____
Department Signature Date

OFFICE USE ONLY
comments:

DATE PROCESSED: _____

PROCESSED BY: _____